greater decline in death rate as compared to birth rate.

To control the rapid growth of population in the country an Action Plan has already been evolved by the Ministry of Health and Family Welfare and is being operationalised. This has been endorsed by the Health and Family Welfare Ministers of States and Union Territories in January, 1992. The Action Plan highlights the need for evolving a natiotal consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the society. Its key features include improving the quality and outreach of family welfare services, differential strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census), developing a mechanism to make available funds to States/Union Territories on the basts of reduction of actual birth rate, increasing the coverage of younger age couples through vigorous promotion of spacing methods, introducing new contraceptives and improving the quality of contraceptives, strengthening family welfare schemes in urban areas especially in slum pockets, revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, sustaining the good work done under the Universal Immunisation programme and strengthening of other interventions for Maternal and Child Health Care, reorientation of information, education and communication efforts to focus on the quality of life issues and inter-personnel communication, involving voluntary and non-governmental organisations in a big way to promote active community participation in the programme, gearing up of the implementation machinery in the States/ Union Territories and evolving high-level inter-sectoral coordination mechanism at the National, State and District levels.

The National Family Welfare Programme is being implemented on a voluntary basis among the entire population of the country regardless of their caste and religion.

Downgradation of Posts by AIIMS

19. SHRIMATI KAMLA SINHA :
DR. BAPU KALDATE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that certain senior posts in the AIIMS were advertised four times and, finally, when the candidates were selected by the selection committee, its recommendations were not only turned down by the Governing Body but the posts were downgraded and offered to juniors; and

(b) if so, what are the details thereof stating the reasons for advertising the posts four times when these were to be downgraded ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA); (a) and (b) The advertisements for filling up the posts in AIIMS were repeated so that wide publicity was given on an All India basis and new people got an opportunity to apply for the posts. The Governing Body of the Institute have devided that in future all appointments to the level of Associate Professor and Additional Professor would be made by promotion. However, as posts had already been advertised a number of times and the candidates had gone through the process of selection, it was decided to complete the process as legitimate expectations had been raised. However, to ensure that no injustice is done to internal candidates, it was decided that the appointments under the Assessment Promotion Scheme would be effected as per due date which was prior to the date of selection for those who were selected by lateral entry.

Completion of I. G. R. I. M. *S.*

20. SHRI V. NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Indira Gandhi Regional rrstihrte for Medical Sciences at Meghalaya sanctioned by the

Central Government in 1986 has not started functioning; and

(b) if so, by when the said Institute is likely to be completed to cater to the needs of the tribal people living in the North East Region ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) It has not been possible to develop necessary facilities at this Institute on account of unwillingness of qualified personnel to join and work in the Institute as well as financial constraints.

Production of Contraceptive Pill

21. SHRI S. MADHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the steps taken to produce the Contraceptive pill, 'centchroman' developed at the Central Drug Research Institute in adequate quantity to meet the demand;

(b) whether the Central Drug Research Institute has entered into any agreement with private sector to produce this pill in a big way; and

(c) if so, what are the details thereof ?•

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) to (c) The production of drug Centchroman, is being scaled up by M/s. Hindustan Latex Ltd., Trivandrum and M/s. Torrent Pharmaceuticals, Ahmedabad, to whom technology of production has been transferred by the Central Drug Research Institute. Each company envisages to commence produdc-tion during 1992 and increase it in a phased manner and reach an annual production of 600 kgs., which would give 18 million tablets.

Measures for Averting Potential Births

22. SHRI VIREN J. SHAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state ;

(a) whether Government's attention has been drawn to the reported statement of the Chinese Minister incharge of the Family Planning Programme published in the Times of India' of 1st June, 1992 under the caption "China averts 200 million births";

(b) whether Government have made any study of the measures adopted by China to avert 200 Million potential births through the people friendly population control programmes;

(c) if so, what are the details in this regard;

(d) what steps Government have so far taken to control the growing population in India; and

(e) to what extent Government have been able to control the population (State-wise) during the last three years and likely to be checked in next five years ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes, Sir.

(b) and (c) The Government of India are aware of the measures adopted by the Chinese Government to avert 200 million potential births through the people's friendly population control programme. The Chinese Population Policy advocates the practice of one couple one child, late marriage and late child bearing, it is backed by a strong scheme of incentives/disincentives. The Chinese couples have a constitutional obligation to practise family planning. There is a high degree of political commitment and will in China right from the national to Ihe grass-root levels.

(d) Population Control forms an integral part of the planning process in the country. The new policies relating to Population Control aim at adopting a holietic approach. They aim at giving due importance to socio-economic factors like female literacy, status of women, empoyment of women, right age of marriage of girls, at-titudinal changes in regard to strong son preference etc., besides improving the performance of the Family Welfare Programme. They recognise the importance of